

PART B - FEE(S) TRANSMITTAL

MAY 16 2008
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21036 7590 03/21/2008

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Tammi L. Taylor	(Depositor's name)
<i>Tammi L. Taylor</i>	(Signature)
May 13, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/669,833	09/26/2000	Linda S. Mansfield	MSU 4.1-528	2531

TITLE OF INVENTION: VACCINE TO CONTROL EQUINE PROTOZOAL MYELOENCEPHALITIS IN HORSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> \$ 720	\$0	\$0	\$1440	06/23/2008
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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BASKAR, PADMAVATHI	1645	424-178100
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Ian C. McLeod</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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**Board of Trustees of
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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

East Lansing, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature _____

Date **May 13, 2008**

Typed or printed name **Ian C. McLeod**

Registration No. **20,931**

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